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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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*[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWING 18	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS  
 021369  
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TITLE  
 Bill serial number reading device and bill serial number reading method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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